

MAR 18 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township
City Boonville Mo (No. ST. JOSEPH'S HOSPITAL St. 19 Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 5616
Registered No. 19

2. FULL NAME

(a) Residence, No. Marshall, Mo. St. 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. L. Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1874</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>9</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>FEB - 1937</u>		
11. Total time (years) spent in this occupation <u>LIFE</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wade County Missouri</u>		
13. NAME <u>Monroe Estes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Beckerman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>H. L. Barnes</u> (ADDRESS) <u>Marshall Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NELSON MO</u> DATE <u>FEB 28 1937</u>		
19. UNDERTAKER <u>STEGNER - KOENIG</u> (ADDRESS) <u>BOONVILLE MO</u>		
20. FILED <u>Feb 26 1937</u> <u>Da Cooper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB 23 1937 to FEB 26 1937.
I last saw him alive on FEB 26 1937. Death is said to have occurred on the date stated above, at 10:45 am.
The principal cause of death and related causes of importance were as follows:
Strangulated femoral hernia (repa. scd.)
Date of onset 1937

Other contributory causes of importance:
Jaundice of unknown origin

Name of operation Repair hernia Date of FEB 25
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Repa Ravenwood, M. D.
(Address) Boonville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

